

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90009 016 ***150.00

DOCUMENT # P99000075288

1. Entity Name
ABSORB IT, INC.



Principal Place of Business
**2591 NE 55TH COURT
#107
FORT LAUDERDALE, FL 33308**

Mailing Address
**2591 NE 55TH COURT
#107
FORT LAUDERDALE, FL 33308**

24082219



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0944901

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EBANKS, EMILY
2591 NE 55TH COURT, #107
FORT LAUDERDALE, FL 33308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EBANKS, EMILY**
CITY-ST-ZIP **2455 E. SUNRISE BLVD.
FORT LAUDERDALE, FL 33304**

TITLE ☒ Change ☐ Addition
NAME **EBANKS, EMILY**
STREET ADDRESS **2591 N.E. 55th Ct., #107**
CITY-ST-ZIP **Fort Lauderdale, FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Emily Ebanks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/27/04 954-491-1094

Attachment
Absorb It, Inc. 24682219
c/o 2591 N. E. 55th Ct., #107
Ft. Lauderdale, FL 33308

August 27, 2004

Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314-6198

Dear Sirs:

Ref: Document #P99000075288
Absorb It, Inc.

Enclosed please find a check in the amount of \$150 in order to not dissolve the above-referenced corporation. I did not receive the regular notice in the mail earlier this year (the booklet with Annual Report filing form), and since there was not much activity with the corporation, I was inadvertently forgot the filing deadline. It did not come to my attention until I received a "Notice of Intent to Dissolve" in the mail.

I am expecting the activity to pick up somewhat soon and, therefore, would appreciate your assistance. I will also keep the future filing date deadline on my calendar.

Sincerely,

Emily R. Ebanks

Emily R. Ebanks

Enc.